FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - _15007_	2. Fiscal Year Covered From: _1 / 1 / 2004_ Through: _12 / 31 / 2004_

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name _Clinton R Burge_	Name _IBEW Local 265_
	Labor Organization File Number _039624_
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any _22725_
Street _5701 So 112_	Street _6200 So. 14th_
City _Lincoln_	City _Lincoln_
State _NEBRASKA_ ZIP Code + 4 _68526_	State _NE_ ZIP Code + 4 _68512_

5. Position in labor organization. _Business Manager_

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an **employer whose employees your organization represents** or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _Clinton R. Burge_   On _8-15-05_   _402/489-7141_
Date   Telephone Number

Name of Person Filing	*Clinton R. Burge*	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

9. Business deals with:

    a. Labor Organization

X b. Trust

    c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Benefit Plan Administrators, Inc.*

Trade Name, if any: *Dakotas Health, Saving, Retirement Plan*

P.O. Box, Bldg., Room No., if any *1951*

Street *518 NP Avenue*

City *Fargo*

State *ND*   ZIP Code + 4 *58102*

11.a. Nature of such dealing.

*Trustee on Health Plan
Trustee on Savings & Retirement Plan*

11.b. Approximate dollar value of such dealing. *$1,663.22*

12.a. Nature of interest held or income received.

Reimburse expenses to Attend Trustee Meetings Quarterly for meals, Travel, and attend IFEBP educational Meeting, meals/Travel expenses.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer   or Consultant   ?

14.b. Amount of payment.